FARMINGDALE STATE
PROPERTY CONTROL DEPARTMENT
EQUIPMENT TRANSFER FORM

DATE: ___ / ___ / ___

DEPARTMENT INFORMATION

Department Name: _____

Contact Person: _____

Phone Number: _____

Authorized Signature: _____
(i.e. department head)

TRANSFER

Asset/Decal Number	Description	PRESENT LOCATION			NEW LOCATION			
		Building (see below)	Floor	Room	Department Name	Building	Floor	Room

INSTRUCTIONS: - RETAIN COPY FOR YOUR DEPARTMENT FILES - RETURN ONE COPY TO PROPERTY CONTROL

ANY QUESTIONS REGARDING TRANSFER CALL Sherry Buch at x2575 - THIS AND OTHER FORMS CAN BE DOWNLOADED AT OUR WEB SITE